



State of Connecticut
Workers' Compensation Commission

Please TYPE or PRINT IN INK

Rev. 7-15-2015

6B-1

Date filed with WCC

Coverage Election by Employees who are Members of a Partnership

DO NOT SEND THIS FORM TO A DISTRICT OFFICE!

Send to: WORKERS' COMPENSATION COMMISSION
21 OAK STREET, 4th FLOOR
HARTFORD, CT 06106

Pursuant to C.G.S. Section 31-321, this notice must be served upon the Workers' Compensation Commission in person OR by registered or certified mail.

IF YOU WISH TO RECEIVE A DATE-STAMPED COPY OF THIS FORM, SEND:

- 2 COPIES of each form
a self-addressed STAMPED envelope

(for WCC use only)



Incomplete and/or illegible forms will be returned unstamped.



COVERAGE ELECTION - To the Workers' Compensation Commission, 21 Oak Street, 4th Floor, Hartford, Connecticut 06106

and to (name of partnership) of (street address)

located in (city or town), (state), (zip code) and having a total of (number) partners:

We, (name of partner 1), (name of partner 2),

(name of partner 3), (name of partner 4), employees at

(exact name of partnership), (CT registration number)

hereby elect to:

BE EXCLUDED FROM COVERAGE under the Workers' Compensation Act pursuant to Section 31-275(10) of the Connecticut General Statutes

REVOKE ANY PREVIOUS ELECTION OF EXCLUSION from the provisions of Section 31-275(10) of the Connecticut General Statutes

AFFIRMATION - Section 31-284 of the Connecticut General Statutes requires that workers' compensation insurance be obtained for all covered employees.

Dated on this (number) day of (month), 20 (year)

Partner 1: Signature Date of Birth (required)

Partner 2: Signature Date of Birth (required)

Partner 3: Signature Date of Birth (required)

Partner 4: Signature Date of Birth (required)

Please be advised that the Workers' Compensation Commission accepts the coverage election form 6B-1 for filing purposes ONLY.

The filer of this form is solely responsible for the accuracy of the information contained herein.